Virtual Healthcare Interactive Project
Site Application

School Name:	
Contact Person:	**Title:**
Mailing Address: _____ _____	
Phone Number: **(_____)** _____ **E-mail Address:** _____	

Please complete the following:

TECHNOLOGY REQUIRED - Indicate what the site has available.

Technology required: Computer & projector, T.V. with DVD player, Ednet broadcasting system	____ **Yes** ____ **No** **Computer & projector** ____ **Yes** ____ **No** **T.V. with DVD player** ____ **Yes** ____ **No** **Ednet broadcast system** **Any explanation:** _____

SCHOOL INFORMATION - Indicate what applies to your site.

Daily class schedule	_____ **Block Schedule** _____ **Trimester** _____ **7/8 Day Period** _____ **Modified Block (Explain)** _____ _____
School demographics (Rural or urban, and enrollment number in school)	_____ **Rural School** _____ **Urban School** _____ **Enrollment number in school** *** **Rural schools may want to consider partnering with neighboring schools in order to maximize the number of participants.**

EDNET FACILITATOR AND SITE INFORMATION - Indicate what applies to your site.

Ednet site information	**Name:** **Address:** **Approval received for use for VHI event: YES NO**
Site accommodation (How many people the site can accommodate)	_____ **Number of people** _____ **Number of chairs in room** _____ **Number of tables in room** _____ **Number of microphones in room** _____ **Number of students you plan to involve in the event**
Availability required (Both site & facilitator) Feb 25, 2009	____Yes ____ No Site will be available ____Yes ____ No Facilitator will be available ____Yes ____ No Facilitator will be present
Equipment usage (How often the Ednet equipment is used)	_____ **Daily** _____ **Weekly** _____ **Monthly** _____ **Other (Explain)** _____ _____
Equipment quality	_____ **Ednet equipment works excellently** _____ **Ednet equipment works well** _____ **Ednet equipment has difficulty** _____ **Ednet equipment is in poor condition**

CURRICULUM INFORMATION - Please complete the following.

HOSA or other leadership programs integrated into program	_____ **HOSA** _____ **Other (Explain)** _____ _____ _____
Total number of health science courses taught at school, enrollment numbers for each class, and grade taught.	List class taught, enrollment numbers in class, and grade taught. _____ _____ _____ _____ _____ _____

Explain how this project will benefit your students.

How will this project address the goals and objectives of your health science course(s) taught?

How will this project be integrated into your curriculum?

How will the pre/post event requirements (curriculum, activities, etc) be accomplished at your site? (These requirements are NOT optional - they must be done!)

What is the facilitator's experience in Ednet and classroom management?

*** Please remember that this request is an indication of your interest in the project and many additional factors will be considered in selecting schools to participate. We want to select groups that see this project as curricular enhancement rather than a replacement.

Applicant Signature _____ Date _____

Ednet Facilitator Signature _____ Date _____

CTE Director Signature _____ Date _____

Principal Signature _____ Date _____